

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 25, 2003

Re: IRO Case # M2-03-1611

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 46-year-old male who has had back discomfort on and off for several years. On ___ his discomfort became more severe than it had been, and the discomfort was thought to be secondary to repetitive long hours of strenuous work. Physical therapy has helped the patient in the past, but has not helped recently, and the patient is now significantly disabled by his discomfort. The patient has also been treated with muscle relaxants, pain medications and anti-inflammatories without help. An MRI on 3/10/03 showed multi level degenerative disk disease change with mild stenosis at the L4-5 level. A discogram on 5/22/03 showed the appearance of the L1-2 and L2-3 levels to be normal, but L3-4, L4-5 and L5-S1 were abnormal in appearance, and there was concordant pain at those levels. In addition to those levels, the L2-3 level produced concordant pain, despite a normal anatomical appearance. Lidocaine injections at all of those levels relieved discomfort.

Requested Service(s)

Laminectomy w/ decomp nerve root and/or discectomy, lumbar addtl space L2-3, L3-4, L4-5, L5-S1

Decision

I agree with the carrier's decision to deny the requested multi level procedure.

Rationale

The MRI showed the area of trouble to be primarily the L4-5 level, and this level was no more suggestive on discography as the source of pain as the other levels. The MRI showed changes that suggested that the discogram would be abnormal in appearance in all the levels that it was abnormal. Assuming that the patient's discomfort is based on discogenic pain at four different levels of the lumbar spine is not reasonable. Other measures, such as repeat physical therapy, which has been helpful in the past, in association with epidural steroid injections, would be a more logical approach to the problem than the multiple level procedure, which if it left only one area inadequately cared for, would leave the patient with significant discomfort.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 28th day of August 2003.